

Geriatric Practice Trends

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Geriatric Workforce Enhancement Program

The University of South Florida Health,
Tampa Family Health Center & Senior Connection Center

In Her Father's Footsteps

Lucy Guerra, MD, MPH, FACP, FHM

*From Brain Research Discoveries USF Health Byrd Alzheimer's Institute
Spring 2015*



By the age of 6, few of us could accurately predict what we'd be doing when we "grew up" – which makes Lucy Guerra's

insight at that age even more impressive. Simply put, she admired her father, whom she describes as an old-fashioned "country doctor." She was still too young to understand the sacrifices her parents made some 15 years earlier, fleeing the Cuban Revolution in 1959, or the fact that her dad, an aspiring doctor, had to learn English before he could retake all of his medical boards in the United States to launch his career in his adopted homeland, while his wife supported them both. Nor did she fully grasp the hardships that followed when, after he completed his medical residency in New York City, his first job would be in a small farming community in Kansas, because the state was actively recruiting doctors to work in rural areas. The closest Spanish speaking family lived 100 miles away "My father – who was a Cuban immigrant and had a thick accent – was a 'country doctor,' believe it or not, for a community of 1,500 people with one red light in the entire county," she says with a mixture of pride and disbelief. Guerra was barely 5 years old and

her sister was 3 when her parents left Queens, N.Y. "When I was a kid living in Kansas, I thought that what my dad was doing was great. You felt like you were really a part of the community. He made house calls and sometimes my sister and I would go with him. The farmers would pay him when they could, after they had their harvest," she recalls. "Even back then I thought 'This is what I want to do.' I saw that my father was always happy doing it." Twenty-five years after Tomas Guerra completed his medical residency at what's known today as the Icahn School of Medicine at Mount Sinai in New York, his older daughter received her medical degree from the same school.

A challenging, multifaceted career

Today, Dr. Lucy Guerra practices medicine in ways that carry on many of the lessons she learned at her father's side. As the division director of General Internal Medicine and an associate professor at the University of South Florida in Tampa, she juggles responsibilities serving patients and training the next generation of doctors. She sees patients at USF Health's Morsani College of Medicine's outpatient clinic and the Byrd Alzheimer's Institute, as well as at the James A. Haley Veterans' Hospital in Tampa. Her philosophy is that doctors do their best work when they take a broader view of their role. Caring for patients should

take into account the role of their family and caregivers, she says, and physicians need to work more closely with nurses, therapists, social workers, pharmacists and other health care providers to optimize each patient's care. And she's not alone. The growing trend in the medical field is known as "personalized medicine." "The patient is at the center, and you try to provide the best care possible by drawing upon all of these different skill sets," says Guerra, who joined the faculty at USF Health more than 10 years ago and teamed up with its Byrd Institute last summer. A team approach is especially important when working with people suffering memory loss who come to the Byrd Institute for diagnosis or to participate in clinical trials that involve experimental drugs. "At the Byrd Institute, you're not just working with the patients, you're also working with the family and others who are

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around them all the time,” she says. “As a physician, you need help from all of these other people who know the patient well.”

Giving back is in her DNA

In her spare time, Guerra makes sure that some of Tampa’s residents who can least afford health care aren’t overlooked. She has helped guide a community outreach program known as the USF Bridge Clinic since it was established in 2007 to help under-insured adults in Tampa get the medical care they need but can’t afford. And last year she became the faculty adviser to a new initiative known as Tampa Bay Street Medicine that provides

medical care to the homeless. Guerra says her parents, devout Catholics, instilled in their children “a sense of social justice” and a responsibility “to help others that have not had the opportunities that we had.” “That’s what we’re here to do, to pay back and serve others,” she says. Spending time with her family is also a priority. Guerra’s husband, Dr. Francisco Machado, is also a physician (his practice is in Plant City, east of Tampa). Despite their demanding careers, they make time to attend baseball games and other outings with their 12-year-old sons and 10-year-old daughter. Guerra’s father, who is winding down his medical practice in Miami

at the remarkable age of 81, is understandably proud of his daughter the doctor (as well as his other daughter, a professor of Latin American History at the University of Florida). “He always reminds my sister and me that as first-generation Americans, we have lived the American Dream and that we are very fortunate,” she says. “As my grandfather used to say, ‘If I’m a teacher and I have a bachelor’s degree, you’d better have at least a master’s degree, and your child better have at least a PhD.’ Every generation achieves more, and then you pay it back.”

Change in GWEP Leadership



Dr. Kathryn Hyer Dr. Rita D'Aoust

We are excited to announce that Kathryn Hyer, PhD, MPP, Professor, and Director, Florida Policy Exchange Center on Aging, School of Aging Studies in the College of Behavioral and Community Science is the new principal investigator for the GWEP project.

Congratulations to Rita D'Aoust, PhD, ANP-BC, CNE, FAANP, FNAP, who has accepted the role of Associate Dean of the College of Nursing at Johns Hopkins University. Though it will be sad to see her leave the University of South Florida, Dr. D'Aoust continues as USF courtesy faculty and will remain involved in a limited role on our GWEP project.

Dear Colleagues:

I have thoroughly enjoyed working with each of you and our GWEP initiative. This past year we have faced multiple challenges as we planned and implemented our GWEP project. We successfully changed curriculum, clinical learning, community outreach. In particular, we have enhanced synchronization and collaboration between Tampa Family Health Center and Senior Connection Center enabling more elders to receive needed services. As our work continues we will have more influence on state services and policies for elder care. It is heartwarming to know that we will and continue to have an indelible impact on improving the lives of older adults and their families in our community.

I have accepted an Associate Dean position at Johns Hopkins School of Nursing, effective August 8, 2016. Dr. Kathy Hyer has assumed the role as PI for our GWEP grant and needs no introduction. I will continue to work with our GWEP team through my courtesy faculty appointment with USF.

Sincerely,

Rita F. D'Aoust, PhD, ANP-BC, CNE, FAANP, FNAP

Byrd Excellence in Geriatric Healthcare

By: Brittany Hay, MS, RN, ARNP. ANP-BC, FNP-BC

Instructor, USF College of Nursing

As a provider and educator of future nurses, at undergraduate and graduate levels, several topics presented at the conference held relevance to improving training in order to better meet needs of the vulnerable geriatric population. It underscored the imperative that our students view care of the older population within a holistic framework, beginning with specialized evaluations through multi-dimensional assessments. Good assessments light a path to quality care.

Perhaps the topic covered during the conference that most spoke to me was that of transitions in care. As we look to value-based healthcare models and seek to improve the experience of care, one must improve communication and continuity across transitions. Care coordination in general has been under the microscope as a means to reduce costs (both directly and indirectly) while increasing value of care to those with chronic health needs. It is a timely topic given the anticipated growth in size of our elderly population. Towards this end, I have become involved in developing a pre-licensure level course to educate nursing students regarding their role in effective care coordination and transition management. The conference served as further inspiration to design activities promoting the development and application of relevant competencies. Specific areas to be addressed include the importance of patient-centered approaches to coordination of care, medication reconciliation to minimize polypharmacy and cost while promoting safety through transitions, teamwork, and effective communication strategies across settings. Best practices for effective transitions in care will also be integrated into content including evidence-based programs geared towards reducing unplanned 30-day hospital readmissions.

The Geriatric Health Care Conference served to reinforce my commitment to strengthening the ability of future nurses to provide holistic, high quality, safer, lower cost care within interprofessional teams to our aging population. I believe that an educational course which informs our students regarding the interconnectedness of care processes and provides opportunities to apply best practices during transitions, can improve the experience and overall quality of care to our elders within the new value-based paradigm.

By: Tracey Smith

Information Referral Specialist, Senior Connection Center

On the June 14th and 16th, I had the pleasure to attend the 18th annual Geriatric Health Care Conference which was hosted by the USF Health Byrd Alzheimer's Institute. As an Elder Helpline Specialist at the Senior Connection Center, I noticed that many of the presentations were directly pertinent to what I do on a daily basis.

As part of the Geriatric Workforce Enhancement Project (GWEP), I respond to referrals sent to the SCC from the Tampa Family Health Center. Initial contact, if not with the client, is most often with made a highly stressed family caregiver. To address suspected dementia, for example, I may provide information on resources that offer free memory screenings. If requested, I may also schedule a screening with SCC's Long-Term Care Unit for in-home services as well as admission into either an assisted living facility or an adult day care center.

Similarly, the presentation on nutrition explained the metabolic phenomena that elicit changes in appetite as we age. The SCC's LTC Unit may screen the client for home-delivered meals for homebound seniors or congregate dining for those who seek socialization with other seniors. In addition, I may provide information on local food pantries and low-cost senior ride programs that could transport the senior to and from the grocery store. For those with chronic conditions (i.e., diabetes), a referral may be sent to the SCC's Healthcare Initiatives department to contact the client or caregiver about free health and wellness classes provided to the community.

I recognize that my role requires problem-solving to determine what best suits the client's needs. I believe it is most important that clients and their families to understand all options in order to make an informed decision. The conference did well to supplement my knowledge of resources with the various medical, psychological, and socioeconomic events that increase the level of need.

Dehydration: Risk Factors for the Geriatric Population

By: Faisel Syed, MD

Chief Medical Officer, Tampa Family Health Centers

It's summertime in Florida, so hot, muggy weather is upon us. It's time to amp up the water intake and be mindful of the effects the summertime heat can have on our bodies. Dehydration can hit us with little warning and can happen to anyone, but it increases in frequency in adults over the age of 65. What is dehydration? Simply put, dehydration is when water loss exceeds water intake.

Some of the risk factors for older adults include:

- Multiple chronic diseases
- Being bedridden
- Difficulty eating or drinking; swallowing disorders
- Depression
- Taking multiple medications
- Vomiting and Diarrhea
- Obesity
- Incontinence
- Loss of interest in or ability to perform self care
- Mobility issues

In some cases, especially at the onset, dehydration can be hard to detect. The most common early warning is thirst, but as we age, we don't feel thirsty as we did as a younger adult. Some of the more significant warnings can be a decrease in urination, dry mouth and/or dry skin, impatience or agitation. If dehydration escalates to heat exhaustion, symptoms may include headaches,

sleepiness, and difficulty staying focused. Dehydration in its most advanced stage can cause heat stroke and death. Symptoms at this stage can include low blood pressure, severe dizziness, delirium, extreme thirst and collapse.

Tips for the Elderly in Preventing Dehydration

- If you suffer from incontinence, or fear incontinence, drink more during the day and decrease your fluid intake in the evening

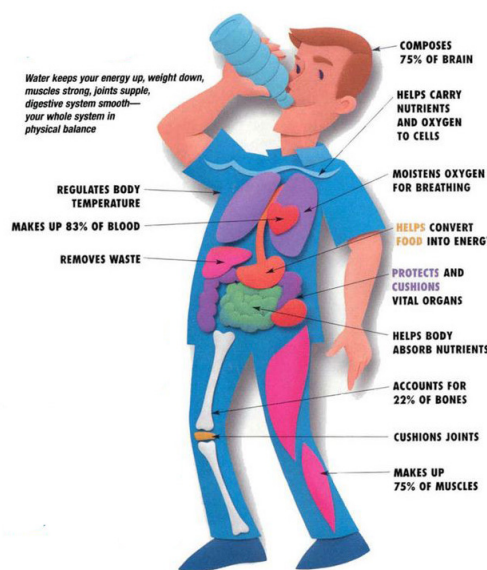
- Pay attention to what your body is telling you. Know the early signs of dehydration such as change in urine color or frequency of urination, extreme thirst, dry skin or mouth, change in equilibrium or the onset of fatigue

- Be mindful of your alcohol and coffee consumption as these can have a diuretic effect that can contribute to dehydration

- Consume fruits and vegetables that have high water content, such as watermelon

- Keep a variety of liquids on hand so that you don't get bored with drinking just water

- Try keeping drinks close at hand all day long, with a goal to drink five eight ounce glasses of water per day



Free Flu Shots at USF

The USF College of Public Health, in collaboration with USF Health and the Hillsborough County Health Department, will provide free flu shots to the university and community. Flu shots are free, while supplies last. Must be 18 or older. 13201 Bruce B. Downs Blvd., Tampa, FL 33612. For more information call (813) 974-3623.

**Friday, October 21, 2016,
8:00 a.m. - 4:00 p.m.**

Student Reflections

Harold Guerrero, PA-S2, Clinical Rotation: Internal Medicine, Preceptor: Dr. Lucy Guerra, MD

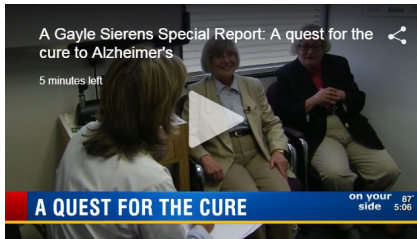
I'm a Physician Assistant Student currently rotating with Internal Medicine Physician, Dr. Lucy Guerra, of USF Health. She recently invited me to assist her with a homebound patient visit. As a student I have rarely been afforded the opportunity to visit patients at home during my clinical rotations, so I found this visit to be an exciting opportunity to learn about the clinical approach to a homebound patient, versus seeing a patient in the office or hospital setting. I was pleasantly surprised by the intimacy and comprehensiveness of the visit. We were able to discuss the patient's past medical history and history of present illness in great detail with her and her family. I also recognized that our ability to visit patients at home makes it physically and emotionally easier on families that are caregivers for their loved ones. The particular family we visited consisted of an older couple caring for their 102 year old family matriarch, whom only spoke French. The patient's language barrier made it difficult for the family to locate a caregiver that could provide adequate care. Dr. Guerra was able to provide the family with other caregiving resources they had not yet tried. The patient's complaints mainly consisted of symptoms that could be attributed to a variety of factors at her age. Since the patient was 102 years old, our approach to her care focused predominantly on managing her symptoms and quality of life.

Amber N. Pepper, MD, PGY-3, Clinical Rotation: Internal Medicine, Preceptor: Dr. Lucy Guerra, MD

I had the pleasure of visiting the home of a 102-year-old female patient living with her daughter in Tampa, FL. The patient was legally blind due to glaucoma and macular degeneration and only spoke French. Thus, her daughter assisted with our communication. She had lived on her own in France without much medical care until her mid-90s. She has had surgery on both her hips and spends most of the day in bed. The daughter's main concerns were regarding an early stage pressure wound on her mother's left heel and a chronic, itchy bump on her mother's nose, which may be an early skin cancer. We addressed those issues and discussed coordinating home visit from other specialists (dermatology, optometry). The patient seemed very content being seen in her home and the daughter expressed her thanks many times over for the home visit. It seemed to alleviate some stress from the daughter's caretaker responsibilities that we were able to evaluate the patient in her home. The home visit was a unique experience for me and is valuable tool for caring for the geriatric population.



Spotlight



Gayle Sierens Special Report: A Quest to Cure Alzheimer's featuring Dr. Dave Morgan

At the University of South Florida Health Byrd Alzheimer's Institute, Dr. Dave Morgan and his staff are on the cutting edge. [Read more here.](#)

Byrd Alzheimer's Institute ready to take clinical trials on the road

The USF Health Byrd Alzheimer's Institute unveiled its mobile Memory Research Suite on June 28 – a groundbreaking traveling “clinic” designed to bring the latest clinical drug trials to senior communities across Florida. [Read more here.](#)

GWEP Abstract Accepted

The USF GWEP has been selected as an Association for Gerontology in Higher Education (AGHE) Presidential Symposium in the 2016 Gerontological Society of America's annual scientific conference in New Orleans, Louisiana. The symposium, entitled “Geriatric Workforce Enhancement Program (GWEP) Models Engaging Federally Qualified Health Centers,” features the USF GWEP as well as the works of other GWEP projects nationwide. Other GWEPs participating in the special symposium are: Rush University, Indiana University School of Medicine, and Florida State University. AGHE President, Nina Silverstein, will acknowledge the selection of the presidential symposium at the conference.

Save the Date

Visit the [USF Health GWEP Calendar online](#) for more upcoming events.

(goo.gl/OkI9ZN)

Learn at Lunch Series

- August 5: Health Literacy & the Elderly
- August 26: Parkinson's Disease
- September 26: Antidepressants & the Geriatric Patient
- October 7: HIV & the Geriatric Patient
- October 21: Polypharmacy in the Elderly

Tampa Family Health Center's Board Conference Room. 12:15 pm-1:30 pm
302 W Fletcher Ave, Tampa, FL 33612

Upcoming Conferences:

- [Gerontological Society of America 2016 Annual Scientific Meeting:](#)
November 16-20, New Orleans, LA
- [Gerontological Advanced Practice Nurses Association 2016 Annual Conference:](#)
September 21-24, Phoenix, AZ

Would you like to add to the Geriatric Practice Trends or need more information about a story?
Contact Anna Maynard Wenders amaynard@health.usf.edu for more information.

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